



Statement of Maryland Rural Health Association (MRHA)

To the Senate Finance Committee

Chair: Senator Melony Ghee Griffith

January 29, 2023

Senate Bill 108: Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement

POSITION: SUPPORT

Chair Griffith, Vice Chair Klausmeier and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 108, Health Insurance - Annual Behavioral Health Wellness Visits –Coverage and Reimbursement.

It is an honor to submit a testimony supporting SB 108, which will make coverage for annual behavioral wellness visits covered by public and private insurers. Behavioral health deals with how the mind and your habits affect physical and mental health. According to National Alliance on Mental Illness (NAMI), 781,000 adults in Maryland have mental health conditions. 252,000 adults do not receive the mental health care they need, and 33.7% is because of the inflated cost of care in Maryland. Marylanders are ten times more likely to be forced out of-network for mental health care than primary health care (NAMI, 2021).

The COVID pandemic intensified negative behavioral health impacts by increasing anxiety, depression, and substance use disorder in Marylanders. The hardship that emerges from the pandemic has made it difficult for Marylanders to afford behavioral healthcare. For a state which ranks 6th in drug overdose death rate, according to the Centers for Disease Control and Prevention (CDC) statistics report 2020, behavioral health wellness visits should be made a top priority in the health care system in Maryland, especially for rural areas dwellers.

Lower in-network reimbursement rates can be a barrier to providers joining the network. According to Milliman Research Report BY Melek et al., Over five years, the disparity in out-of-network use for behavioral health care compared to medical /surgery care has increased tremendously. Medical/surgery providers received higher reimbursement rates than behavioral health providers; in 2015, Primary care providers received 21% more reimbursement than behavioral health providers. The out-of-network utilization rate for SUD office visits was nine times that of primary /surgery care visits.

Behavioral health care coverage and reimbursement will be central to improving care for the people. SB 108 will enact a standard to decrease the disparity in the reimbursement rate for

behavioral health care by requiring reimbursement at the same rate as an annual well visit for somatic health. The coverage of annual behavioral wellness visits by Medicaid and private insurers will help to improve the spiraled behavioral healthcare crisis resulting from the COVID-19 pandemic. The care given to the individual will help them to develop a healthier coping mechanism. Improving access and the quality of services in behavioral health care could also help reduce somatic health care spending; we can all agree that the mind is central to how the body works.

Sincerely,

Jonathan Dayton, MS, NREMT, CNE, Executive Director

jdayton@mdruralhealth.org